

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015327

STATE FILE NUMBER

23504

FILED MAY 11 1959 Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1		d. STREET ADDRESS (If outside, give location) 914 N. 19th St.	
3. NAME OF DECEASED (Type or print) First Middle Last LEE LOCKETT		4. DATE OF DEATH Month Day Year April 4 1959	
5. SEX Female -3	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 8 1887
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Min. 10 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Starksville Miss		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Polk Dukenary		13b. MOTHER'S MAIDEN NAME Mary Carpenter	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 489-12-0979		17. INFORMANT James Lockett 3954 W Belle Pl	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Intra abdominal Hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) E978X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS PREEXISTING TO DEATH but not related to the immediate cause, conditions listed in PART I (a) Window of front door 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED (If not nature of injury in PART I or PART II of item 18) Accidental could not be determined 20c. TIME OF INJURY Hour Month, Day, Year 4 4 59 a.m. p.m. 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK 20e. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.) 213 Home 20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick Taylor Corcoran		22b. ADDRESS 1300 Clark Ave	
22c. DATE SIGNED 4 8 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 9 1959	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or country) (State) St. Louis Co, Mo
24. FUNERAL DIRECTOR Jash. Randle & Son 3133 Bell Ave		25. DATE RECD. BY LOCAL REG. APR 8 '59	26. REGISTRAR'S SIGNATURE Carl Smith. M.D. mg B

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ether N. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Wash*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.